

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155773		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/10/2012	
NAME OF PROVIDER OR SUPPLIER  TERRACE AT SOLARBRON THE				STREET ADDRESS, CITY, STATE, ZIP CODE 1701 MCDOWELL RD EVANSVILLE, IN 47712			
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F0000	<p>This visit was for the Investigation of Complaint IN00109929.</p> <p>Complaint IN00109929 Substantiated, Federal/State deficiencies related to the allegations are cited at F203.</p> <p>Unrelated deficiencies cited.</p> <p>Survey date: July 10, 2012</p> <p>Facility number: 010930 Provider number: 155773 AIM number: N/A</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: SNF: 23 Residential: 30 Total: 53</p> <p>Census payor type: Medicare: 9 Other: 44 Total: 53</p> <p>Sample: 3</p> <p>These deficiencies also reflect state</p>		F0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
OMB NO. 0938-0391

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	findings cited in accordance with 410 IAC 16.2.  Quality review completed 7/15/12 Cathy Emswiller RN						

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F0203 SS=E	<p>483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE</p> <p>Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section.</p> <p>Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.</p> <p>The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State</p>						

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	<p>long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>Based on interview and record review, the facility failed to provide a completed notice of transfer or discharge to 3 of 3 residents and family members sampled for transfer notices, in a sample of 3. Residents A, B, and C</p> <p>Findings include:</p> <p>1. The closed clinical record of Resident A was reviewed on 7/10/12 at 10:45 A.M. Diagnoses included, but were not limited to, dementia and stroke.</p> <p>A "Notice of Transfer or Discharge" indicated, "Date Issued (month, day, year)..." The date was left blank.</p> <p>A Nurse's Note, dated 5/31/12 at 11:30 A.M., indicated, "Resident d/c'd [discharged] from facility. [Facility] van as transportation [with] driver</p>	F0203	<p><b>F203</b> By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility request that the plan of correction be considered our allegation of compliance effective July 27, 2012 to the complaint survey conducted on July 10, 2012.</p> <p><b><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</i></b> Resident's A, B, and C no longer reside at the facility.</p> <p><b><i>How will other residents having the potential to be affected by the same deficient practice be identified and what corrective actions will be taken?</i></b> All discharged residents have the potential to be affected by the</p>		07/27/2012		

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	<p>accompanying...Bed hold policy [and] notice of transfer [and] discharge given to resident...."</p> <p>During interview with the MDS Coordinator on 7/10/12 at 12:00 P.M., she indicated the discharging nurse fills out 2 copies of the transfer notice, gives one to the resident and leaves a copy in the chart. She indicated the notice should have been complete, including the date.</p> <p>During interview with the Administrator on 7/10/12 at 1:50 P.M., she indicated she accompanied the resident to the new facility, and handed the facility the paperwork to give to the family, including the notice of transfer and discharge. The Administrator indicated nursing should fill out 1 Notice of Transfer or Discharge to give the resident and family, and then make a copy for the clinical record.</p> <p>During interview with the resident's POA on 7/10/12, she indicated she never received a notice of transfer or discharge.</p> <p>2. The closed clinical record of Resident C was reviewed on 7/10/12 at 12:15 P.M.</p> <p>A "Notice of Transfer or Discharge," dated 7/5/12, included: "...Reason for Transfer or Discharge (must select one of the reasons below)..." None of the</p>		<p>alleged deficient practice. Nurses and Social Services have been in-serviced that the Notice of Transfer or Discharge - State Form 49669 shall be completed in its entirety and a copy shall be provided to the resident and the resident's representative. The original 49669 will be maintained by on the medical record and a copy will be maintained by Social Services to monitor and identify any further alleged deficit practices. Deficit practices shall be immediately reported to the Administrator for corrective action. <b><i>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</i></b> Nursing staff have been in-serviced regarding the completion of the Notice of Transfer or Discharge State Form 49669 in its entirety. Nursing staff have been in-serviced to make copies of the original document and maintaining the original document on the medical record and the requirement that a copy be given to the resident and the resident's representative upon discharge. A copy of the original 49669 will be maintained by Social Services to identify any further alleged deficit practice. Deficit practices shall be immediately, or as practicable, reported to the Administrator for corrective action. Quality assurance measures will be</p>				

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	<p>statements were checked. 2 copies of the transfer notice were included in the clinical record. A note was taped on one of the notices which indicated, "What to check?"</p> <p>A Nurse's Note, dated 7/5/12 at 9:30 A.M., indicated, "...Res. [resident's] son given copy of bed hold policy [and] notice of discharge...."</p> <p>During interview with the Administrator on 7/10/12 at 1:50 P.M., she indicated the notice should have been completed. The Administrator indicated she did not know why there were 2 copies in the chart.</p> <p>3. The closed clinical record of Resident B was reviewed on 7/10/12 at 11:50 A.M.</p> <p>A "Notice of Transfer or Discharge," dated 7/5/12, included: "...Reason for Transfer or Discharge (must select one of the reasons below)..." None of the statements were checked.</p> <p>During interview with the Administrator on 7/10/12 at 1:50 P.M., she indicated the notice should have been completed. She indicated she planned on having the Social Services Director start filling them out.</p> <p>This federal tag relates to Complaint</p>		<p>followed as outlined below. <b><i>How will the corrective action be monitored to ensure the deficient practice will not recur, ie, what quality assurance program will be put into place?</i></b></p> <p>Social Services will present a copy of the completed Notice of Transfer or Discharge of discharged residents of which will be reviewed weekly X 1 year by the Interdisciplinary Team. Social Services shall report findings of deficit practices immediately or as practicable to the Administrator for corrective action. The Administrator will report the findings to the Quality Assurance Team for recommendations at the next scheduled quarterly meeting X 1 year.</p>				

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	IN00109929.  3.1-12(a)						

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F0282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on interview and record review, the facility failed to follow a physician's order regarding leaving a resident unattended in the bathroom, resulting in a fall and emergency room treatment, for 1 of 3 residents reviewed for following the plan of care, in a sample of 3. Resident A</p> <p>Findings include:</p> <p>The closed clinical record of Resident A was reviewed on 7/10/12 at 10:45 A.M. Diagnoses included, but were not limited to, dementia and stroke.</p> <p>An Interdisciplinary Care Plan, dated 2/28/12, indicated a problem of "At risk for fall related injury as evidenced by: Fall Risk factors present as determined by Fall Risk Screen Related to:...HTN [hypertension] Confusion [secondary to] CVA, hemiparesis [one-sided weakness] - CVA, gait disturb [sic]...."</p> <p>An admission Minimum Data Set [MDS] assessment, dated 3/15/12, indicated the resident required extensive assistance of two+ staff for transfer and toilet use, and</p>		F0282	<p><b>F282 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b> Resident "A" no longer resides at the facility. The Certified Nursing Assistant involved in the incident is no longer employed by the facility. <b>How will other residents having the potential to be affected by the same deficient practice be identified and what corrective actions will be taken?</b> A review of all residents medical records and Care Sheets were completed to ensure the Care Sheets accurately reflected the Plan of Care. A nursing in-service was conducted regarding the complaint survey which included fall prevention, keeping residents free from accidents hazards as is possible, following Resident Care Sheet guidelines, following Physician Orders as directed as well as the completion of the Notice Transfer or Discharge State Form 49669. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b> The Care Sheets will be reviewed in the daily IDT</p>		07/27/2012	



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	<p>did not ambulate. A test for balance indicated, "Not steady, only able to stabilize with human assistance" while moving on and off toilet. The MDS assessment indicated the resident had fallen in the month prior to admission, and had fallen since admission to the facility.</p> <p>A Physician's order, dated 4/18/12 and on the May 2012 orders, indicated, "Do not leave unattended in BR [bathroom]."</p> <p>A Fall Risk Assessment, dated 5/13/12, indicated the resident had intermittent confusion, had a history of 3 or more falls in the previous 3 months, required the use of assistive devices, and had a total score of 19 ["Total score of 10 or above represents HIGH RISK" of falls].</p> <p>Nurses Notes included the following notations:</p> <p>5/22/12 at 4:50 A.M.: "Called to [room number] by CNA to check area where Res [resident] had an old skin tear. CNA exiting Rm [room] as I entered. CNA stated 'She is on the toilet.' I approached the residents [sic] bathroom [and] observed resident on the floor beside toilet. Head to toe assessment revealed depressed area between raised area on [left] shoulder [and] raised area below left</p>		<p>meetings ensure it accurately reflects the Plan of Care and updated Physician Orders. Quality Assurance procedures will be followed as outlined below. Upon an occurrence of a resident fall, a resident will be reassessed and the incident will be reviewed at the daily (M-F) Interdisciplinary Team meeting to determine the root cause analysis of the fall and review the intervention. Proper interventions will be put in place and the Care Sheet will be updated as appropriate. <b>How will the corrective action be monitored to ensure the deficient practice will not recur, ie, what quality assurance program will be put into place?</b> A Performance Improvement Tool has been initiated that randomly audits of 5 residents X3 weekly, X3 monthly, X3 quarterly, X1 year will be conducted by the Director of Nursing or designee to ensure the fall prevention measures are being utilized, Physician Orders and Care Sheets are being followed. Findings from the audit will be reviewed by the Interdisciplinary Team X3 weekly, X3 monthly and X3 quarterly. Findings will be submitted to the the Quality Assurance Team quarterly X 1 year for further recommendations.</p>				

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	<p>shoulder. Denied pain to that area...Blood noted on left parental [sic] area...Moderate amt [amount] of bleeding noted left partial [sic] area. Pressure held until bleeding stopped. Other areas include a small laceration noted on left knee [and] small abrasion noted on left forearm...911 notified. [Name of physician] and POA notified [and] will meet res @ [hospital]."</p> <p>5/22/12 at 9:00 A.M.: "Res returned from ER. Only new order may rinse hair now; no shampoo X 48 [hours]. Res has head abrasion to [left] upper forehead 3 x 1.8 cm [centimeters] - monitor q [every shift. Also rec [received] skin tear to [left] elbow 1.6 x 0.3 cm...."</p> <p>During interview with the Administrator on 7/10/12 at 1:50 P.M., she indicated the CNA should not have left Resident A alone in the bathroom.</p> <p>3.1-45(a)(2)</p>						

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F0323 SS=G	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on interview and record review, the facility failed to ensure a resident at risk for falls was supervised while on the commode, resulting in a fall and emergency room treatment, for 1 of 1 residents reviewed for falls, in a sample of 3. Resident A</p> <p>Findings include:</p> <p>The closed clinical record of Resident A was reviewed on 7/10/12 at 10:45 A.M. Diagnoses included, but were not limited to, dementia and stroke.</p> <p>An Interdisciplinary Care Plan, dated 2/28/12, indicated a problem of "At risk for fall related injury as evidenced by: Fall Risk factors present as determined by Fall Risk Screen Related to:...HTN [hypertension] Confusion [secondary to] CVA, hemiparesis [one-sided weakness] - CVA, gait disturb [sic]...."</p> <p>An admission Minimum Data Set [MDS] assessment, dated 3/15/12, indicated the resident required extensive assistance of</p>	F0323	<p><b><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</i></b> Resident "A" no longer resides at the facility. The Certified Nursing Assistant involved in the incident is no longer employed by the facility.</p> <p><b><i>How will other residents having the potential to be affected by the same deficient practice be identified and what corrective actions will be taken?</i></b> An audit was completed identifying residents scoring "10" or above as "High Risk" for falls to ensure appropriate interventions were place. Residents with identified need of additional preventative interventions will have the additional interventions documented on the Plan of Care and Resident Care Sheets. A review of all residents medical records and Care Sheets were completed to ensure the Care Sheets accurately reflected the Plan of Care. A nursing in-service was conducted regarding the complaint survey which included fall prevention, keeping residents free from accidents hazards as is possible, following</p>	07/27/2012			

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	<p>two+ staff for transfer and toilet use, and did not ambulate. A test for balance indicated, "Not steady, only able to stabilize with human assistance" while moving on and off toilet. The MDS assessment indicated the resident had fallen in the month prior to admission, and had fallen since admission to the facility.</p> <p>A Physician's order, dated 4/18/12 and on the May 2012 orders, indicated, "Do not leave unattended in BR [bathroom]."</p> <p>A Fall Risk Assessment, dated 5/13/12, indicated the resident had intermittent confusion, had a history of 3 or more falls in the previous 3 months, required the use of assistive devices, and had a total score of 19 ["Total score of 10 or above represents HIGH RISK" of falls].</p> <p>Nurses Notes included the following notations:</p> <p>5/22/12 at 4:50 A.M.: "Called to [room number] by CNA to check area where Res [resident] had an old skin tear. CNA exiting Rm [room] as I entered. CNA stated 'She is on the toilet.' I approached the residents [sic] bathroom [and] observed resident on the floor beside toilet. Head to toe assessment revealed depressed area between raised area on</p>		<p>Resident Care Sheet guidelines, following Physician Orders as directed as well as the completion of State Form 49669. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b> Residents Fall Risk Assessments will be reviewed upon admission and appropriate fall prevention measures will be put into place for those scoring as "High Risk". Upon an occurrence of a resident fall, a resident will be reassessed and the incident will be reviewed at the daily (M-F) Interdisciplinary Team meeting to determine the root cause analysis of the fall and review the intervention. The Care Sheet will also be reviewed in the IDT meeting to ensure it accurately reflects the Plan of Care. Quality assurance methods will be followed as outlined below. <b>How will the corrective action be monitored to ensure the deficient practice will not recur, ie, what quality assurance program will be put into place?</b> A Performance Improvement Tool has been initiated that randomly audit of 5 residents X3 weekly, X3 monthly, X3 quarterly, X1 year will be conducted by the Director of Nursing or designee to insure the fall prevention measures are being utilized, Physician Orders and Care Sheets are being followed. Findings from the audit will be</p>				

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NAME OF PROVIDER OR SUPPLIER  TERRACE AT SOLARBRON THE				STREET ADDRESS, CITY, STATE, ZIP CODE 1701 MCDOWELL RD EVANSVILLE, IN 47712			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>[left] shoulder [and] raised area below left shoulder. Denied pain to that area...Blood noted on left parental [sic] area...Moderate amt [amount] of bleeding noted left parital [sic] area. Pressure held until bleeding stopped. Other areas include a small laceration noted on left knee [and] small abrasion noted on left forearm...911 notified. [Name of physician] and POA notified [and] will meet res @ [hospital]."</p> <p>5/22/12 at 9:00 A.M.: "Res returned from ER. Only new order may rinse hair now; no shampoo X 48 [hours]. Res has head abrasion to [left] upper forehead 3 x 1.8 cm [centimeters] - monitor q [every shift. Also rec [received] skin tear to [left] elbow 1.6 x 0.3 cm...."</p> <p>During interview with the Administrator on 7/10/12 at 1:50 P.M., she indicated the CNA should not have left Resident A alone in the bathroom.</p> <p>3.1-45(a)(2)</p>				<p>reviewed by the Interdisciplinary Team X3 weekly, X3 monthlyand X3 quarterly. The Administrator will submit the findings to the the QualityAssurance Team quarterly X 1 year for further recommendations.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

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